

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						09/857006		
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						61	
2		1					62	
3		12					63	
4		①					64	
5		14					65	
6		④					66	
7		10					67	
8		④					68	
9		10					69	
10	1						70	
11		④					71	
12		④					72	
13		10					73	
14		④					74	
15		10					75	
16		④					76	
17							77	
18							78	
19							79	
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32							92	
33							93	
34							94	
35							95	
36							96	
37							97	
38							98	
39							99	
40							100	
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	1	1						
TOTAL DEP.	15							
TOTAL CLAIMS	16	12	10	10	10	10		